



# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>11-NOV-2016</b>		14. TIME <b>04:25:00</b>		2. ADDRESS OF INCIDENT <b>1333 N CLEVELAND ST CHICAGO, IL</b>		1. LOCATION OF INCIDENT <b>289</b>		2. APARTMENT <b>0000</b>		3. VIDEO RECORDED INCIDENT 11 BWS <input type="checkbox"/> 12 IN-CAR CAMERA <input type="checkbox"/> 13 OTHER REPT VIDEO <input type="checkbox"/>																																																																																																																			
MEMBER INVOLVED	6. POSITION <b>9164</b>		7. LAST NAME <b>COSENTINO</b>		1. FIRST NAME <b>MICHAEL J</b>		10. STAR NO. <b>4487</b>		11. RACE CODE <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F <b>WHI</b>		12. AGE <b>601</b>		14. WT. <b>240</b>																																																																																																																
	15. DATE OF APPT. <b>08-JUL-1996</b>		16. CMT CYCLE NO. <b>[REDACTED]</b>		17. UNIT & BEAT OF ASSIGNMENT <b>018 1813R</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																		
	21. LAST NAME <b>JONES</b>		22. FIRST NAME <b>PIERRE</b>		23. MI. <b>[REDACTED]</b>		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE <b>BLK</b>		26. D.O.B. <b>23-NOV-1983</b>		27. HT. <b>604</b>		28. WT. <b>180</b>																																																																																																														
SUBJECT INFORMATION	29. ADDRESS <b>1444 N CLYBOURN AVE CHICAGO, IL 60610</b>				30. TELEPHONE NO. <b>[REDACTED]</b>		31. WAS SUBJECT ARMED? BLUNT INSTRUMENT <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																		
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>ILLINOIS MASONIC MEDICAL CENTER</b>																																																																																																																								
	36. BY WHOM? <b>DR ORTEGA</b>				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Required Medical Aid																																																																																																																								
38. CHARGES PLACED <b>PLEASE SEE NEXT PAGE</b>														39. CB NO. <b>19398499</b>		IR NO. <input type="checkbox"/> DNA																																																																																																													
REASON FOR USE OF FORCE (Check all that apply)	40. PASSIVE RESISTER														41. ACTIVE RESISTER														42. ASSAULT: ASSAULT														43. ASSAULT: BATTERY														44. ASSAULT: DEADLY FORCE																																																																				
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____														FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____														IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____														ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____														USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____																																																																				
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LEAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____														OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Shock) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spike Deployed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____														ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____														FIREARM <input type="checkbox"/> OTHER _____																																																																																		
WEAPON DISCHARGE INCIDENT	45. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)														RANK														STAR NO.														UNIT NO.														46. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																				
	47. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														48. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														49. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																																																																																																
	45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER														47. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors														48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial														49. WEATHER CONDITIONS <b>CLEAR</b>																																																																																		
50. MAKE/MANUFACTURER														51. MODEL														52. BARREL LENGTH														53. CALIBER/GAUGE														54. TASER DART ID NO.														55. WEAPON SERIAL No. (Include Letters)														56. CHICAGO GUN REG. NO.														57. IL FIREARM OWNER ID NO.														58. HANDGUN CERTIFICATE NO.													
59. SPECIAL WEAPON CERTIFICATE NO.														60. PROPERTY INVENTORY NO.														61. TYPE OF AMMUNITION USED														62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>0</b>														63. TOTAL NO. OF SHOTS MEMBER FIRED														76. EVENT NO. <b>1631601759</b>																																																							
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)														65. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED														67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)														77. RD. NO. <b>H2510861</b>																																																																					
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)														69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD														70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																	
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)														72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT														73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION														74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 OTHER (Specify)														<b>LOG # 1082953</b> <b>11</b>																																																																					

CASE INFORMATION	11 NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR. <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAQ, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			1631601759	75. SENT TO:	
	16. ADDITIONAL INFORMATION					
SIGNATURES	13. REPORTING MEMBER (Print Name) COSENTINO, MICHAEL J 11-NOV-2016 10:15:01		STAR/EMPLOYEE NO. 4487	SIGNATURE 	HZ510861	76. R.O. NO.
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
14. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A		STAR NO. 2075	SIGNATURE 	DATE REVIEWED 11-NOV-2016 10:26:28		

SUBJECT  
INFORMATION

NO CHANGES PLACED

1 3 1/2

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-5-A, 720 ILCS  
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was taken directly to IL Masonic Hospital. Unable to interview.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Officer Consentino held the offender's legs to stop him from kicking and also pulled the offender's hood over his face to stop him from spitting. The R/Lt has determined that this incident requires further review.

### 83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1082952 OBTAINED

### 85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

### 86.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
  - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
  - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE



DATE COMPLETED TIME

11-NOV-2016 12:05:56